Telephone interview with CAPT William B. Mahaffey, MC, USN (Ret.), C Medical Company, 3rd Medical Battalion, 3rd Marine Division. Dr. Mahaffey served in Vietnam as an anesthesiologist in 1966. Conducted by Jan K. Herman, Historian of the Navy Medical Department, Bureau of Medicine and Surgery, 17 December 2003.

Could you tell me where you were born and where you grew up?

I'm a native of Ohio, born and raised in Upper Sandusky, where I'm living temporarily right now. I did my undergraduate work at Ohio State, and went to Ohio State University College of Medicine. After I graduated in 1962, I went out to the State University of Iowa for my internship and then returned to Ohio State University Hospital for my anesthesiology residency.

How did you join the Navy?

In those days, any able-bodied young physician who had two arms, two legs, and who was not already a veteran could expect to be drafted at an inconvenient time in their medical career if they didn't handle things right. So I signed up for the Berry Plan, as it was called then. It guaranteed that I would finish my anesthesia training but also guaranteed that I would start my active duty period within just a few months after my training finished. That way I wouldn't be drafted out of a new practice or anything like that.

We also had the right to choose our service at the time and I chose the Navy because my mother had a couple of brothers in the Navy. One was a POW. I was always interested in the Navy--Navy history, Navy ships, submarines, and whatever. Through the Berry Plan, I started my active duty just a few weeks after I completed my anesthesia training.

And then you went to Portsmouth Naval Hospital.

That's right.

How did you end up with the Marines?

I didn't know I was going with the Marines. I just got orders to Okinawa and I was delighted because I had never been outside the United States other than to Canada and Mexico. I got my orders in October of '65 and when I read the fine print, I realized I was going to the Field Medical Service School at Camp Pendleton. It was kind of a jolt to learn that I was heading for place called Vietnam and not just a period of active duty on Okinawa.

What was your training like at Camp Pendleton?

I arrived there on the Marine Corps birthday in 1965. I think I was there for 2 or 3 weeks. They taught us more the realities of how things were in Korea than the way things were in Vietnam. They taught us cold weather medicine because there wasn't enough experience coming out of Vietnam at that time. We had to do our calisthenics, and things I was not an expert at. It was a good 2- or 3-week period getting us ready for Vietnam, better than I would have been had I not gone through the school.

What were your first impressions after you landed in Vietnam?

We first flew to Okinawa on a chartered commercial plane. After 2 or 3 days there, we flew a Marine Corps aircraft to Vietnam with a group of Marines, physicians, dentists, and

chaplains. The Marines were told not to puke. If they were going to puke, they were told to do it in their helmets and not on the deck.

We landed late in the day at Danang on the 23rd of December. It was a very rainy and muddy day. I remember standing under the wing of the aircraft, probably a C-130, waiting for someone to tell us where to go. There were a couple of Vietnamese prisoners sitting there who were blindfolded. In Field Medical Service School we were told not to call them gooks. They were certainly called gooks there by the Marines who introduced us to the area.

Eventually, after waiting until 7 or 8 o'clock in the evening, a dental tech drove up in a jeep. It was still raining and there was mud everywhere. He offered us a cold soda to drink and we drove back to the 3rd Marine Division headquarters in Danang where I met the division surgeon. His name was Hap [Homer] Arnold. I don't know what his real first name was but his nickname was "Hap."

He, then, introduced you to Charley Med?

I met him for maybe 10 minutes. He told me they were busy down there. There, being a couple of miles back up the road in the mud. He said, "LT Mahaffey. You're going to be busy tonite." Then he sent me on my way in the rain. Another jeep took me to Charley Med--Charley Company, 3rd Med Battalion. LT Bill Self [MSC, USN] took my foot locker and my briefcase and sent me right to the OR. Literally minutes after I got to Charley Med, I was in the operating room dumfounded, facing my first anesthetic in a combat zone.

I understand you handled that first situation pretty much the way you have done it in a stateside hospital.

In a regular hospital, I was used to ordering pre-op medications, usually a narcotic and some atropine. So I walked into that operating room trying to sound experienced and calm. The corpsman told me that my first patient was on his way up. So I said, "Give him some demerol and atropine," just as I would have ordered in a hospital. I'm sure they didn't even pay any attention to this request down in the triage area. They probably laughed at it. They didn't know who this neophyte was. I'm sure that patient never got any pre-op medications and I never again ordered any in the future. It certainly wasn't a combat zone routine.

What were your impressions of the CO, Dr. Almon Wilson?

He was much respected because he was a better disciplinarian than most physicians are. He was a former line officer and didn't have a whole lot of a sense of humor. We respected him immensely but we just didn't joke and kid with him. I remember when we'd go up to the chow hall for lunch we shouldn't let him sit along at a table so one of us would usually join him, more out of courtesy or obligation. But looking back at him, he was a great commanding officer. He understood the line side. He knew how to speak the language of the pilots and the aviators. And he was all business as far as running the place. On that rare occasion when someone had to be disciplined, he did it and we all knew it happened. My opinion of him is very, very good. In fact, later in my career and his career, we interacted as friends. It was an honor to know him.

What did Charley Med look like?

At that time, it was entirely canvas except for a few hardback tents that were just beginning to be built. Our operating rooms were two plywood boxes side by side inside of a canvas tent surrounded by sandbags. We were told later that these were to protect the rest of the

compound in case something imbedded in an injured patient would explode in the operating room. Between the two operating rooms was a larger tent enclosing a plywood box, which served as a recovery room and sort of an ICU.

But almost everything was under canvas. The new operating rooms and the Quonset huts had not been constructed yet. A couple of open air wards were hardbacked.

Charley Med sat on what was just a flat, sandy area bordering on rice paddies between us and the ocean. There was a helicopter pad in the center and a big mango tree. I remember when we had an overflow of casualties, we let our casualties build up in the shade of that tree in the middle of our compound.

What about quarters for you physicians and enlisted folks?

When I first got there I was put in a tent, like an oversized pup tent which belonged to one of the surgeons who was on emergency leave. It was damp and cold. But then I was almost immediately moved into the new hardbacks that were being built. These were wooden framed structures built by Seabees that had screening around the outside for ventilation and corrugated metal roofs. The hardback that I was in had two dentists, two GMOs, and two anesthesiologists. So I think we had six living in each hardback.

The enlisted eventually had about the same housing facilities, but I think they were more densely packed. They were on the other side of the compound up on the hill. They had an outdoor movie theater. We had an indoor movie theater. The Marine Corps' attitude is to take care of their people. We realized how high on the hog we lived. There were a few guys who belly-ached about this and that, but we knew that we were living pretty damn well compared to the Marines in the field who were just trying to survive each day at a time.

What did your autoclave equipment look like?

There was a little electric autoclave in the operating room probably as big as a toaster-oven. This was used for quick sterilizing of a small number of instruments. The big autoclaves were gasoline-powered and they were in another tent slightly down the road from the operating rooms which we facetiously called "Central Supply." These things used gasoline to create the steam to autoclave things--our packs, instruments, and also our irrigating fluids.

The corpsmen showed a duplicity of attitude toward these things. They were a little frightened of them because of the roaring noise. I think they suspected that they were capable of blowing up. On cool winter nights, they also put out some heat, so that was a good place for corpsmen to lie down and catch some Zs.

What about x-ray equipment?

It was primitive but it was there. It was a field model x-ray, the kind that folds up into a case. But it served its purpose. I took pictures of a lot of x-rays and they were quite adequate medically.

What did you do for IV fluids? Did you have a good supply or did you have to make up your own?

We always had plenty of IV fluids. Of course, this was back in the days when IV fluids came in glass bottles. Nowadays, they come in plastic bags. What we did not have were irrigating fluids. Of course, in an operating room, you have to have abundant supplies of saline for irrigating wounds. The corpsmen would take hyper chlorinated Marine Corps potable water, fill these empty 1-liter IV bottles, add a few salt tablets, and not really with any special recipe to

make it the right concentration, and then just tape the stoppers back on and autoclave it. So this was our irrigating solution made from water from the water buffalo with a few salt tablets added to make it saline.

What type of anesthesia was available at Charley Med?

Of course, back in my university hospital setting, I had everything I could possibly want just by reaching in the cabinet behind me. But there we had a pretty primitive field anesthesia machine which had a tank of nitrous oxide on it attached by a hose to a larger tank of aviator quality oxygen. Then we had pentothal, which is no longer part of the anesthesiologist's armamentarium. But at that time we had plenty of it. We had spinal sets. At that time spinals were much more common than epidurals. But beyond that, we learned that we could and had to do with just the very basics.

Halfway through my tour there we got our first respirator. Today's anesthesiologists think they can't do an anesthetic without a respirator. At that time we had one respirator that we had to spread out evenly for four operating rooms and possible use in ICU. That's what we had. One standard procedure when administering blood in large amounts was to warm the blood to body temperature as it was being transfused. There we didn't have that luxury. We were using large amounts of cold blood and sometimes we'd run some IV tubing through a basin of warm water, hoping that would warm the blood to some degree. Our patients were often were somewhat hypothermic by the time they got to ICU, partially because of the cold blood we administered and partially because we had effective air-conditioning in those operating rooms.

Did you ever have any ill effects from that?

No. We didn't have modern facilities to help warm the patient. We didn't have warming blankets and pads that have warm water flowing through them to warm a patient. All we could do in the ICU afterwards was to allow the patient to begin shivering which, of course, generates heat, cover him with blankets, and put some incandescent lights over his body to try to warm him up as he awoke from his anesthetic.

When I interviewed the Korean War vets who were out in the medical companies, most of them told me that it was a very primitive operation. They would request supplies and special equipment from Washington and would never get it. Some of the medical companies didn't have x-ray machines or operating lights. I get the impression from you have said that you weren't never in want for equipment or anything like that. Is that true?

That's true for the basic things. We always had the things that were really essential for an anesthesiologist such as oxygen, which is vital. The Air Force gave us all the aviation quality oxygen we needed. But medical supplies in general were very high priority items. There were things I thought I had to have that were essential, that I was used to when I was a pampered resident. I sent a letter back to Tweedie [CDR Owedia] Searcy and she sent me this care package of various medications and little pieces of equipment. The individual items were wrapped in nonradio-opaque prep sponges. These were the sponges corpsmen would use to prep the skin before surgery. But they were scarce enough that as I would open my care package and unwrap the items I was going to use, they would refold the sponges, sterilize them, and use them in the operating room. But in general, I don't recall ever running short of anything. Sometimes we had some fears about our blood supply but our blood was primarily drawn from dependents

and active duty people in the Philippines, Guam, and Okinawa. Our blood supply was about a week old by the time we got it. But never did we have any real problems with our blood supply.

I've interviewed a number of Korean War veterans. The subject M*A*S*H the book M*A*S*H the movie, M*A*S*H, the TV program came up. This wasn't M*A*S*H at all where you were.

Definitely not. I saw the movie for the first time within months after I returned to the States. It upset me because we were a very serious organization. It was the finest team I ever worked with in my life. We had fun when there was no work to be done, but when there was work to be done, we were serious. There was none of this tomfoolery. We had no nurses and had no females in our compound. I just could not tolerate these smart-ass reserve physicians who were always acting up and dressing like women. The whole attitude of M*A*S*H just really offended me. Now I enjoy all the reruns and I even have the movie on DVD so I can watch it and laugh at it.

What was the atmosphere in your OR? Was it as chaotic as what is portrayed on TV?

No. The silence in our situation when casualties came in was overwhelming. Everybody knew their job. They didn't have to be told what to do. There wasn't any screaming for this or that or saying do this or do that. The surgical teams did their jobs mostly in silence. There was none of this chaos you see on "ER" and things like M*A*S*H.

Teamwork was a very important thing at Charley Med.

That transcended the officer-enlisted boundary. We respected one another. We all had our own jobs. The lab techs, for example, never had to be told how much blood to set up. We used blood by the gallons, sometimes more than 50 units of blood on any one patient. Yet the lab techs never had to be told how much blood had to be set up. The x-ray techs never had to be told what to x-ray. The casualties came in and the OR techs went down to take a look to see what to set up for next. And by the time we got the patient in the operating room, the OR was set up for that procedure. It was just a remarkable team. Of course, I wanted to return home and when it was my turn to return home I really wanted to go, but I think I shed a tear when I had to leave that team because it was the finest team I ever worked with.

What level of surgery could you do in Charley Med as compared to a modern hospital back in the States? What kinds of procedures could you do there? Could you do vascular surgery or anything like that or what it simply stabilization kinds of things?

Some people assumed that's all we did--stabilization. No way. We did definitive surgery. We actually had a portable open heart machine which we never used. Eventually, we had a vascular surgeon--Jim Chandler. There were occasionally vascular injuries, especially the femoral artery in the legs because of the land mine explosions which usually affect the lower extremities.

When I first got there we had a neurosurgeon. But for various reasons, CDR Al Wilson transferred him down to the NSA hospital when it opened because he didn't think we had the facilities to run a major neurosurgery room. Also our head injuries were either minor--the oral surgeons could take care of a lot of those--or they were instantly fatal. We had a lot of chest injuries. At least half of our procedures were injuries to the lower legs, especially the posterior

aspect of the lower legs due to land mines. When a Marine would turn to run away from a land mine that was about to explode, the flak from the land mine would just destroy the back of his buttocks, thighs, and legs.

These were the so-called "Bouncing Bettys."

That's right. I've never seen one; I've never heard one, but I've certainly have seen the results of them. But our big thing was orthopedics and general surgery to handle this massive soft tissue trauma from the bouncing bettys. The vascular injuries, per se, were not all that numerous. I have a slide of Jim Chandler exposing and working on a femoral artery, so they did have them, but most of what we saw were massive soft tissue injury and utterly destroyed femurs, tibias, fibulas, and ankles--things that I had never seen in a civilian setting.

I guess there was never a typical day. I'm sure there were days when there was not all that much to do and other days when you would be inundated with casualties.

Absolutely. We could go 2 or 3 days on end without a single patient. We had a lot of hobbies. Finally, we accumulated some books to read. I liked to build electronic equipment. We had a musical quartet that we fiddled around with. But our day's work was never scheduled. It was just when the helicopters arrived, that's when our work started. We rarely had advanced word that patients were coming in. Helicopters just arrived. Either a Huey with maybe just two or three, or maybe just one severely injured patient or sometimes the big '46s would come in with 40 or 50 less severely injured casualties and, of course, a lot of dead bodies.

And that was something you could never get used to.

At first I don't think I even realized what I was actually experiencing. I had see a lot of death, of course, but I'd never seen death in that number. At first, I don't think I realized what I was seeing. And maybe 2 or 3 months into my tour, all of a sudden it hit me that these are young Americans that I'm seeing piled up like logs, dead. I especially remember when I'd see a left hand sticking out of the pile with a wedding ring on it. I knew the guy was dead, but his family at home didn't know yet.

We in the operating room never actually counted patients. We never counted cases. We didn't keep anesthesia records. We counted the number of units of blood we used. So I can't even guess how many casualties passed through that place. I can't even guess how many dead bodies our graves registration guys handled but there were hundreds and thousands.

In your memoir, you mentioned that your sense of hearing became quite acute when you heard helicopters coming in. You had an idea what to expect.

I'm not an aviator but I could tell the difference between a Huey and a '46. If we heard that "whop, whop, whop" of a Huey coming in at night, it wasn't a general making a presentation someplace. It was casualties coming in. We had an order; first call, second call, third call, whatever, and the guy that was on first call, if he was in bed, just got up when he heard the helicopter coming in. We as anesthesiologists wanted to be there for the initial phases of resuscitation. We felt that we were pretty good at restoring body fluid and maintaining airways and things like that so we didn't wait to be called.

I did an interview last night with maybe one of your patients, a young corpsman, an HM3, Bob Ingram, who has since received the Medal of Honor for his action. He was in

that area and was very badly wounded on the 28th of March 1966. He was later told that he was brought into your hospital to be treated.

That gives me chills.

He sustained a knee wound, a through-and-through facial-head wound, a hand wound and was in pretty bad shape. He was told that he was brought into Charley Med and that would have been the time you were there.

I don't remember the name Ingram but I do remember a lot of the corpsmen. We had a corpsman whose nickname was Andy; I don't know what his first name was--Andy Anderson. By the time surgery was over, he had lost one leg below the knee and one leg above the knee, and then one arm above the elbow. I still have a slide of him with a young Vietnamese boy, who had been a casualty, fanning him in ICU.

And there was another corpsman, Aldon Asherman who came in. He had worked with us at Charley Med before going out in the field. There were very few patients who died after arriving at our place but he came in technically alive. His battle injuries proved to be fatal. We sort of sensed that he knew where he was but he died while we were taking care of him.

That must have been very difficult since you had worked with this young man there at Charley Med.

It was. When I was stationed at BUMED, I would go down to eat my lunch at the Vietnam Wall and knew where to find his name. Of course, there were many other names on the Wall that I knew but Doc Asherman was one of the ones I always found when I looked for it.

This is probably a tough question to answer so many years later, but do you remember any other specific patients you treated that stand out in your mind for any particular reason?

Oh, yeah! There's one guy. I think his name was Brown; I've forgotten his first name. He was a Marine. Occasionally, the non-surgical patients were outnumbering the surgical patients. All of us were physicians so we helped out in sick call. I had run into this Marine whose name was Brown. He had diarrhea and I treated him like everybody else we were treating for this malignant diarrhea that was going around. I had forgotten all about him. Then one night casualties were coming in heavy and somebody told me that there was this Marine asking for me out in the triage area. I had no idea who that could be. It was this Marine named Brown who came in with a typical leg injury from a bouncing betty. We switched patients around so I was able to do his anesthetic. He's the one I remember the most.

I remember another guy. It was just a simple injury usually taken care of by a spinal anesthetic, no challenge at all medically, but it was the day that Martha Raye was visiting our place. Martha Raye was a nurse in the Army reserve. So she came into the operating room with a mask on. I stood up from my anesthesiologist's stool and she sat down and took the patient's blood pressure and chatted with him. He was just overjoyed that Martha Ray would talk to him while he was under spinal anesthetic having his leg operated on.

That actually leads into my next question. What are your memories of some of the other VIPs who visited?

They were good. Ann-Margaret showed up. She seemed to be just a youngster at that time. Gosh, here 35 years later Ann-Margaret must be an old woman. She must be in her 60s.

Arthur Godfrey came by and he was just great. I wanted to get a picture of him after he had gotten into his helicopter that had brought him to Charley Med. I walked up to the helicopter to get his picture. He grabbed me by the arm and wouldn't let go until he had asked me where I was from and some other questions. We had our senators visit. Charleton Heston was there. Martha Raye was just great. Some just rushed through. Bob Hope, who is the hero of every combat veteran, had his show. I was low man on the totem pole so I didn't get to go see Bob Hope's show. Most of the VIPs came in, did their dutiful visits to the wards. But Martha Raye was a real trouper.

I imagine GEN Walt probably came through there a number of times to pin Purple Hearts on the troops.

He treated each Marine like they were his sons. We always preach that visitors, physicians, and nurses shouldn't sit on patients' beds. But we didn't object when GEN [Lew] Walt sat on the beds of his wounded Marines. He came down whenever the casualties were heavy and he would pin the Purple Hearts on the outgoing Marines before they were medevaced out.

You asked me about memorable patients. There were some I remember from the personal side, but there were a couple I remember from the medical side, too. One of those was the patient who was trying to launch a flare but it had lodged between his flak jacket and his chest wall. Again, I still have photographs from my position in the operating room removing this unignited flare from his chest cavity. It was the only case I recall that we did without prepping and putting on anything more than just gloves. It was just a matter of seconds before we anesthetized the patient, opened him, took the flare out, and gave it to the Marines for them to take out of the operating room.

I also recall a patient who came in with his mandible pretty much destroyed. He learned by experience that the only way he could breathe was to get up on his hands and knees so that gravity would allow his jaw to fall away from his pharynx so that he could breathe. If we tried to put him on his back to induce anesthesia, of course he couldn't breathe. He's the only patient in my career that I ever had to intubate in a completely different way. He was standing on his knees and his arms face down. I had to get on my knees and look up to intubate him that way.

We had a chalkboard in the operating room so every time we administered more than 50 units of blood to a patient, we put that patient's name on the chalkboard. The number was not all that great but the last time I looked at it, we had eight or ten names on it.

When did the hospital at NSA begin running?

I would guess in late spring, early summer of '66. We didn't have nurses at Charley Med. I thought our corpsmen did an outstanding job without being overseen by nurses all the time. Initially, when NSA opened, they didn't have nurses either. When nurses came there, we heard that they were quite critical of what the people had done there without nurses. But it was a nice place. Looking at it from the air, it must have had 20 or so Quonsets. The scuttlebutt was that they had cold drinking water. But it was quite a ways away from us. They had a neurosurgeon. On that rare occasion that we had a case we just could not handle, one of us anesthesiologists would fly in the helicopter with the patient, squeezing the [respirator] bag. That was my chance to see NSA. My problem was trying to get transportation back to Charley Med.

How close were the two facilities?

I would guess 10 or 15 miles. They were over by Marble Mountain, close to the ocean on the other side of the city of Danang. Of course, riding in a jeep or whatever transportation we had, it seemed like it would take forever to get there. They were on the other side of the airfield; the airfield was between us and them.

Did Charley Med ever come under rocket attack while you were there?

No, we didn't. I remember at one time we evacuated most of our patients up to the hospital ship but we weren't attacked. But we were always hearing these noises in the background and saw flares in the air.

You mentioned the hospital ship. The *Repose*, I guess, arrived in the summer of '66?

I think that's right.

What was your reaction to the news that a hospital ship was now available?

I think it was basically positive. We enjoyed the chance to get out there and get a meal, see real operating rooms, and things like that. Again, I'm not an aviator but I understand that the pilots didn't like landing on the *Repose* at night because the helicopter pad was small and, with rain or fog, that wasn't the best place to land. If they slid off the side of our pad at Charley Med, well they were okay. But they couldn't slide off the helicopter pad of a ship and survive.

Medically, I remember going out there and seeing nurses in starched white dresses, which I hadn't seen for a long time. It was just a very nice facility.

Did you see a lot of malaria at Charley Med?

We had one ward with perhaps 20 racks in it. It was air-conditioned and dedicated just to malaria care. We took our regular malaria prophylaxis on a weekly basis. The Marines in the field were just trying to stay alive from day to day. They didn't think about taking their malaria pills on a weekly basis. So we saw quite a bit of malaria. It was exotic to me. I had never seen malaria before. These guys would have violent chills, shivering and shaking but they responded well to treatment. I didn't take care of malaria patients as an anesthesiologist. But the guys that did had very good results.

Later on in the war, Charley Med moved, didn't it?

After I left, it did move. When I arrived, Delta Med did not exist. But while I was there, Delta Med was activated and established itself up at Dong Ha right near the DMZ. So my last 5 or 6 weeks were spent with Delta Med. If I thought Charley Med in Danang was primitive, Delta Med was really primitive, although we occupied an old school. So we did have a building but we were limited to the very basic of medical procedures up there.

You were there for your obligatory 13 months?

I should have been but there policy was that, if all possible, you would not be required to stay over two Christmases. Because I had gotten there just a couple of days before Christmas, I was able to fly out just before the second Christmas and actually got home here in Ohio on New Year's Eve of '66.

I've talked to a lot of Vietnam veterans and they tell me that the transition was very difficult. Unlike other conflicts, personnel came back individually and not as units. And the other thing they mention is that they were in a combat zone one day, and the very next day, or 2 days later, they were in a shopping mall.

I didn't go straight home. I was in Okinawa for 3 days awaiting a charter flight back to the States. I remember how clean the streets were, flush toilets, and everything we hadn't had in Vietnam. I flew into Travis Air Force Base about 2 in the morning. I had my car stored in that area, and I picked it up the next morning.

Our generation returning in late '66 wasn't facing quite the traumatic reception that the guys 3 and 4 years later faced. We sort of got the "It's nice to have you back." There wasn't any of the hostility. The anti war feelings were not high when we returned.

Yes, returning to shopping malls, and then when I returned to the Naval Hospital in Portsmouth . . . We hadn't cancelled a case in a whole year in Vietnam; and at Portsmouth, here they were cancelling cases because it was 1600 and people had to go home for supper! Some of the nurses were kind of picky about running an operating room. I wasn't too receptive to that at first but I got used to it.

You must have because you made the Navy your career.

Well, I had a lot of good people, especially at Portsmouth. I would never have made the Navy a career if I had not gone to Vietnam with the Marine Corps. I had no intention of making the Navy a career. I thought I had a 2-year obligation and I was naive enough to think that I would spend those 2 years at Portsmouth Naval Hospital and return to Ohio and private practice.

But when I got back to Portsmouth after my year in Vietnam I told my commanding officer, Admiral [Joseph] Yon that I would think about extending if he would allow me to go back with the Marines at Naval Hospital Camp Pendleton. He reminded me that youngsters like myself didn't barter like that, but he'd see what he could do.

Lo and behold, I got orders to Camp Pendleton Naval Hospital. I think it was my favorite duty station. It's hard to say; it was just different from Portsmouth. I enjoyed them both.

When did you retire from the Navy?

In '88. I had broken service. After my stay at Naval Hospital Camp Pendleton, I decided not to make the Navy a career. So after about 4 ½ years of active duty, I left the Navy, stayed in the reserve, and was in private practice for about a year and a half. I began to realize that I missed the travel, the people. I didn't come from a wealthy background. I never looked to the medical profession as a source of great income. Of course, in the Navy, I never had to bill my patients. I was always interested in submarines. I was interested in diving medicine.

I ended up calling CAPT Ben Hastings at BUMED and asked him if I could come back into the Navy by spending a short period in submarine medicine, diving medicine. He said yes. I didn't do much anesthesia after that. I spent 5 years with the submarine community in diving medicine and then the Navy picked me for getting my masters in public health at UCLA. I finished that just before the HIV Aids thing reared its ugly head.

I'm still an anesthesiologist at heart. I still follow the profession. I still enjoy getting to the meetings and reading what's going on in anesthesia.

At some point in the '90s you went back to Vietnam.

Yes, I did. I was using my GI Bill to take some diverse classes. One of those classes required a field trip involving history so I chose doing a field trip on the history of religion in Vietnam. I went back with a group of about six or eight people. It was headed by an activist priest who at one time had chained himself to the gates of the embassy in Saigon, as they called it then. He was quite an anti-war activist but he was a great guide. We had a fine tour.

But it was good to get back to Vietnam. I didn't know what the word closure meant prior to that trip. But you come back and smell Vietnam again, see the friendly people. At that time--'92 or '93--westerners were still very rare on the streets of Saigon. People would come up to us and say, "Where you from?" The people still loved us even though the government up north was at odds with our government.

It must have been a peculiar sensation to be back in Vietnam after the circumstances of your first visit.

It certainly was. I guess the best I can say is that it was just closure. I hadn't accomplished closure yet with Vietnam. I still have had resentment that so many of our young people were killed there. I cannot put those memories aside. But I guess by going back I realized that life goes on and I cannot live with those old memories forever. I just had to say, "Well, I've come back now. Vietnam is still here." It was time for me to return to living my life without feeling hostile toward the Vietnamese about what happened.

Well, you've answered all my questions and more. Thank you.